

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

10/580426

FILED DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.			↓		↓		↓						
TOTAL DEP.	9		←		←		←						↓
TOTAL CLAMS	10												←